

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 14  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div>	

Full Name of Payee <b>ADVANCED RESPONSE SYSTEMS</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> 08 / 10 / 2015	
Mailing Address 13175 GEORGE WEBER DRIVE			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">1500.00</div>	
City ROGERS	State MN	Zip Code 55374-8900	Transaction ID : SE24.1073	
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/Type 004	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> 08 / 10 / 2015	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">1666077.81</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>ALLEGRA</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> 08 / 10 / 2015	
Mailing Address 45668 TERMINAL DRIVE			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">131.09</div>	
City DULLES	State VA	Zip Code 20166-4390	Transaction ID : SE24.1076	
Purpose of Expenditure DIRECT MAIL - PRINTING		Category/Type 004	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> 08 / 10 / 2015	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">1666208.90</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">1631.09</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

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 01 / 12 / 2016
 

Signature

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Form/Schedule: SE  
Transaction ID : SE24.1073

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$29.41 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE  
Transaction ID: SE24.1076

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$2.57 has been allocated equally to each of the remaining schedule primary elections.

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 14  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>CAMPAIGN FUNDING DIRECT, INC.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 10 / 2015</b>	
Mailing Address <b>1420 SPRING HILL ROAD</b> <b>SUITE 490</b>		Amount <b>17555.27</b>	
City <b>MC LEAN</b>	State <b>VA</b>	Zip Code <b>22102-3028</b>	Transaction ID : <b>SE24.1089</b>
Purpose of Expenditure <b>AGENCY FEES - CONSULTING</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 10 / 2015</b>
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>1683764.17</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>COLORTREE GROUP, INC.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 10 / 2015</b>	
Mailing Address <b>8000 VILLA PARK DRIVE</b>		Amount <b>8415.58</b>	
City <b>RICHMOND</b>	State <b>VA</b>	Zip Code <b>23228-6500</b>	Transaction ID : <b>SE24.1091</b>
Purpose of Expenditure <b>DIRECT MAIL - PRINTING</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 10 / 2015</b>
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>1692179.75</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>25970.85</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY  
**01 / 12 / 2016**

Signature

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Form/Schedule: SE  
Transaction ID : SE24.1089

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$344.22 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE  
Transaction ID: SE24.1091

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$165.01 has been allocated equally to each of the remaining schedule primary elections.

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 5 OF 14  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>D&amp;D UNLIMITED, INC.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 10 / 2015</b>	
Mailing Address <b>524 MID FLORIDA DR. SUITE 202</b>		Amount <b>2181.04</b>	
City <b>ORLANDO</b>	State <b>FL</b>	Zip Code <b>32824-7057</b>	Transaction ID : <b>SE24.1092</b>
Purpose of Expenditure <b>FULLFILLMENT ITEMS - MUGS &amp; MAGNETS</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 10 / 2015</b>
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>1694360.79</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>ECG DATA CENTER</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 10 / 2015</b>	
Mailing Address <b>1420 SPRING HILL ROAD SUITE 490</b>		Amount <b>100.00</b>	
City <b>MCLEAN</b>	State <b>VA</b>	Zip Code <b>22102-3028</b>	Transaction ID : <b>SE24.1096</b>
Purpose of Expenditure <b>DIRECT MAIL - LIST MAINTENANCE</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 10 / 2015</b>
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>1694460.79</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>2281.04</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY  
**01 / 12 / 2016**

Signature

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Form/Schedule: SE  
Transaction ID : SE24.1092

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$42.76 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE  
Transaction ID: SE24.1096

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$1.96 has been allocated equally to each of the remaining schedule primary elections.

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>ECG DATA CENTER</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 10 / 2015</b>		
Mailing Address <b>1420 SPRING HILL ROAD</b> <b>SUITE 490</b>			Amount <b>2039.33</b>		
City <b>MCLEAN</b>	State <b>VA</b>	Zip Code <b>22102-3028</b>	Transaction ID : <b>SE24.1097</b>		
Purpose of Expenditure <b>DIRECT MAIL - POSTAGE</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 10 / 2015</b>		
Name of Federal Candidate <b>DR. BEN CARSON</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____		
Calendar Year-To-Date Per Election for Office Sought <b>1696500.12</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>INTERNATIONAL DATA MANAGEMENT, INC.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 10 / 2015</b>		
Mailing Address <b>490 WHITE POND DRIVE</b>			Amount <b>1660.12</b>		
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44320-1122</b>	Transaction ID : <b>SE24.1100</b>		
Purpose of Expenditure <b>DIRECT MAIL - POSTAGE</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 10 / 2015</b>		
Name of Federal Candidate <b>DR. BEN CARSON</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____		
Calendar Year-To-Date Per Election for Office Sought <b>1698160.24</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>3699.45</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY  
**01 / 12 / 2016**

Signature

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Form/Schedule: SE  
Transaction ID : SE24.1097

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$39.99 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE  
Transaction ID: SE24.1100

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$32.55 has been allocated equally to each of the remaining schedule primary elections.



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 9 OF 14  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>MDI IMAGING &amp; MAIL</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 10 / 2015</b>	
Mailing Address <b>21955 CASCADES PARKWAY</b>		Amount <b>62.22</b>	
City <b>DULLES</b>	State <b>VA</b>	Zip Code <b>20166-9211</b>	Transaction ID : <b>SE24.1104</b>
Purpose of Expenditure <b>DIRECT MAIL - PRINTING</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 10 / 2015</b>	
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>1698222.46</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>RST MARKETING</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 10 / 2015</b>	
Mailing Address <b>1272 CORPORATE PARK ROAD</b>		Amount <b>10005.58</b>	
City <b>FOREST</b>	State <b>VA</b>	Zip Code <b>24551-2277</b>	Transaction ID : <b>SE24.1110</b>
Purpose of Expenditure <b>DIRECT MAIL - PRINTING</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 10 / 2015</b>	
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>1708228.04</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>10067.80</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY  
**01 / 12 / 2016**

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Form/Schedule: SE  
Transaction ID : SE24.1104

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$1.22 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE  
Transaction ID: SE24.1110

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$196.19 has been allocated equally to each of the remaining schedule primary elections.

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 11 OF 14  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>SISK FULFILLMENT SERVICES</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 10 / 2015</b>	
Mailing Address <b>1900 INDUSTRIAL PARK ROAD</b>		Amount <b>1063.70</b>	
City <b>FEDERALSBURG</b>	State <b>MD</b>	Zip Code <b>21632-2667</b>	Transaction ID : <b>SE24.1114</b>
Purpose of Expenditure <b>DIRECT MAIL - POSTAGE</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 10 / 2015</b>	
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>1709291.74</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>WESTLAND PRINTERS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 10 / 2015</b>	
Mailing Address <b>14880 SWEITZER LANE</b>		Amount <b>277641.81</b>	
City <b>LAUREL</b>	State <b>MD</b>	Zip Code <b>20707-2913</b>	Transaction ID : <b>SE24.1117</b>
Purpose of Expenditure <b>FULFILLMENT ITEMS - BOOKS</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 10 / 2015</b>	
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>1986933.55</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>278705.51</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY  
**01 / 12 / 2016**

Signature

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Form/Schedule: SE  
Transaction ID : SE24.1114

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$20.86 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE  
Transaction ID: SE24.1117

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$5,443.96 has been allocated equally to each of the remaining schedule primary elections.

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 13 OF 14  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>ZIP MAILING SERVICES, INC.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 10 / 2015</b>	
Mailing Address <b>6304 SHERIFF RD.</b> <b>STE Z</b>		Amount <b>178.04</b>	
City <b>LANDOVER</b>	State <b>MD</b>	Zip Code <b>20785-4361</b>	Transaction ID : <b>SE24.1123</b> Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 10 / 2015</b>
Purpose of Expenditure <b>DIRECT MAIL -PRINTING</b>		Category/Type <b>004</b>	
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>1987111.59</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>178.04</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY  
**01 / 12 / 2016**

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB  
.

Form/Schedule: SE  
Transaction ID : SE24.1123

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$178.04 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule:  
Transaction ID: